IPDR6702				NORTH CAROLINA		PAGE	: 1	
	07/03/2006		IPR:	CHECKWRITE SUMMARY REPORT				
			CI	HECKWRITE DATE: 07/06/2006				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	1708	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		11	748	CLIENT NOT ELIGIBLE ON SERVICE		0540	2222	
			740	DATE	2	2548	3390	84:
		8800	88	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404904	WESTERN HIGHLAN	21	86	DUPLICATE OF CLAIM-SYSTEM				
	DS LME							
		120	32	CLIENT ID NUMBER MISSING OR IN	0	162	26407	2624
-				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				1
		11	21	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				<u> </u>
3404910		11	433	CLIENT NOT ELIGIBLE ON SERVICE				1
	PATHWAYS			DATE				1
		8599	422	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	33	1255	16178	1492
				BENEFIT PACKAGE.				
		8536	142	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
				VALUE FOR SUBMITTED BILLING PR				
3404912	CATAWBA COUNTYM	8536	169	ATTENDING PROVIDER TYPE AND SP				
	ENTAL HEALT			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		11	21	CLIENT NOT ELIGIBLE ON SERVICE	16	229	1459	123
				DATE	- 10	223	1433	123
		8599	14	DETAIL NOT COVERED BY COMBINAT				
		0399	14	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404913	MECKLENBURG COM	11	54710	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	ENTAL HEALT			DATE				
		8933	4724	ADTNC INELIGIBLE TO RECEIVE SE	5991	61498	63664	216
		-		RVICES IN IPRS.				-
								1
		8931	578	AMTNC INELIGIBLE TO RECEIVE SE				1
				RVICES IN IPRS.				
								ļ
3404916	CROSSROADS BEHA	11	3	CLIENT NOT ELIGIBLE ON SERVICE				1
	VIORAL HEAL			DATE				1
		3411	1	PROVIDER TYPE AND SPECIALTY 07				
		5411	-	4/113 CANNOT BILL ENHANCED	0	4	4530	452
				BENEFIT SERVICES ON OR AFTER D				1
			0054					
3404917	CENTERPOINT HUM	11	2954	CLIENT NOT ELIGIBLE ON SERVICE DATE				1
	AN SERVICES							1
								1
	1	8599	232	DETAIL NOT COVERED BY COMBINAT	239	3830	19154	1532
			1	ION OF RECIPIENT, PROVIDER AND				
				DOMESTE DACKACE				
				BENEFIT PACKAGE.				
		21	196	BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM				
		21	196					

							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	0
3404919		8599	111	DETAIL NOT COVERED BY COMBINAT				
2404313	GUILFORD CO MEN TAL HEALTHC	6599	111	ION OF RECIPIENT, PROVIDER AND				
	1111 111111110			BENEFIT PACKAGE.				
		191	73	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	46	469	8981	8512
		537	67	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
				HIS DATE OF SERVICE				
3404920	ALAMANCE CASWEL	11	1492	CLIENT NOT ELIGIBLE ON SERVICE				
	L AREA MH D			DATE				
		21	692	DUPLICATE OF CLAIM-SYSTEM	53	3210	28745	25535
	_	1	1		1			
		1		+	+			
		8599	523	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
		1		BENEFIT PACKAGE.	1			
3404921	ORANGE PERSON C	11	154	CLIENT NOT ELIGIBLE ON SERVICE	+			
	HATHAM AREA			DATE				
		8931	11	AMTNC INELIGIBLE TO RECEIVE SE	11	171	8083	7912
				RVICES IN IPRS.			0003	7,722
		8535	3	SERVICE FACILITY LOCATION WAS				
				NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
		0.4	0.5					
3404922	THE DURHAM CENT ER	21	95	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		11	61	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	156	4730	4574
				DATE				
3404923	FIVE COUNTY MH	11	2578	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		21	543	DUPLICATE OF CLAIM-SYSTEM	12	4347	7289	2942
		8599	467	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE	11	186	CLIENT NOT ELIGIBLE ON SERVICE	+			
		1	1	DATE				
	R FOR MH/DD						1	
	R FOR MH/DD							
	R FOR MH/DD	8931	96	AMTNC INELIGIBLE TO RECEIVE SE		2	44515	4405-
	R FOR MH/DD	8931	96	AMTING INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	104	689	11748	11059
	R FOR MH/DD	8931	96		104	689	11748	11059
	R FOR MH/DD			RVICES IN IPRS.	104	689	11748	11059
	R FOR MH/DD	8931 8599	96	RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT	104	689	11748	11059
	R FOR MH/DD			RVICES IN IPRS.	104	689	11748	11059
		8599	92	RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	104	689	11748	11059
3404926	SOUTHEASTERN RE			RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	104	689	11748	11059
3404926		8599	92	RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	104	689	11748	11059
3404926	SOUTHEASTERN RE	8599	92	RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE	104	689	11748	11059
3404926	SOUTHEASTERN RE	8599 111 3411	92	RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE PROVIDER TYPE AND SPECIALTY 07	104			
3404926	SOUTHEASTERN RE	8599	92	RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED				
3404926	SOUTHEASTERN RE	8599 111 3411	92	RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE PROVIDER TYPE AND SPECIALTY 07				
3404926	SOUTHEASTERN RE	8599 111 3411	92	RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED				
3404926	SOUTHEASTERN RE	0599 11 3411	92 2436 476	RVICES IN IPRS. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				

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DROUTE		HTGH DRWTS-	www.mm				TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUDS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927		21	57	DUPLICATE OF CLAIM-SYSTEM				
	CUMBERLAND CO M HC							
	nc							
		5404	46	SEVERE DUPLICATE: SAME ATTO PR	11	187	6963	677
				OV/PCODE/TOS/DOS/MOD				
		11	24	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404929	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
	DD/SAS							
		0	0					
		U	U		0	0	0	
								-
3404930		8599	20	DETAIL NOT COVERED BY COMBINAT				-
3404330	JOHNSTON COUNTY	0333	20	ION OF RECIPIENT, PROVIDER AND				-
	MNTL HLTHC	+	+	BENEFIT PACKAGE.				
	+	1	+		1		 	
	+	10	18	DIAGNOSIS OR SERVICE INVALID F	10	53	1177	112
	+	1	1	OR CLIENT AGE. VERIFY CID,	10	53	1177	112
		1	 	DIAGNOSIS, PROCEDURE CODE FOR			 	
	1		 					t
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404931	WAKE CO HUM SVC	8599	230	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	170	CLIENT ID NUMBER DOES NOT MATC	149	1096	19967	1887
				H PATIENT NAME				
		8931	90	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404933	SOUTHEASTERN CT	11	333	CLIENT NOT ELIGIBLE ON SERVICE				
	R FOR MH/DD			DATE				
		21	125	DUPLICATE OF CLAIM-SYSTEM	3	587	3690	310
		8329	54	CLAIM DENIED ATTENDING PROVIDE				-
		0323	24	R CANNOT BE THE SAME AS				-
				THE LMA				
				A SEA ANYMA				
3404934	ONOTON OTDETTE	11		1			-	
3404934	ONSLOW CARTERET			CLIENT NOT BLICIBLE ON SERVICE				
	DEUSTI HEST	11	2598	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	BEHAV HEAL	11.	2598					
	BEHAV HEAL	11	2598					
	BEHAV HEAL	8599	1505	DATE	150	7612	0012	220
	BEHAV HEAL			DETAIL NOT COVERED BY COMBINAT	150	7612	9912	230
	BEHAV HEAL			DATE	150	7612	9912	230
	BEHAV HEAL			DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	150	7612	9912	230
	BEHAV HEAL			DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	150	7612	9912	230
	BEHAV HEAL	8599	1505	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	150	7612	9912	230
	BEHAV HEAL	8599	1505	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	150	7612	9912	230
	BEHAV HEAL	8599	1505	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECEPTENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM	150	7612	9912	2301
3404935	BEHAV HEAL	8599	1505	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	150	7612	9912	230
3404935		8599	1505	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECEPTENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM	150	7612	9912	230
3404935	WAYNE CO MENTAL	8599	1505	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECEPTENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM	150	7612	9912	230
3404935	WAYNE CO MENTAL	8599	1505	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECEPTENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM	150	7612	9912	230
3404935	WAYNE CO MENTAL	8599	1505	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECEPTENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM	150	7612	9912	230
3404935	WAYNE CO MENTAL	8599	1505	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECEPTENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM	150	7612		230
	MAYNE CO MENTAL HEALTH CTR	8599 21 0	1505	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM *** NO DATA TO REPORT ***	150	7612		230
3404935	NAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	8599	1505	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT	150	7612		230
	MAYNE CO MENTAL HEALTH CTR	8599 21 0	1505	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	150	7612		2300
	NAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	8599 21 0	1505	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT	150	7612		230
	NAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	8599 21 0 0	1505	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	0	0	
	NAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	8599 21 0	1505	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE	0	0	0	
	NAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	8599 21 0 0	1505	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	0	0	
	NAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	8599 21 0 0	1505	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INELIGIBLE TO RECEIVE SE	0	0	0	
	NAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	8599 21 0 0 0 8599	1505	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INBELIGIBLE TO RECEIVE SE RVICES IN IPRS.	0	0	0	
	NAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	8599 21 0 0	1505	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. AMTHO: INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	0	0	0	
	NAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	8599 21 0 0 0 8599	1505	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. AMTNC INBELIGIBLE TO RECEIVE SE RVICES IN IPRS.	0	0	0	
	NAYNE CO MENTAL HEALTH CTR WILSON-GREENE M	8599 21 0 0 0 8599	1505	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. AMTHO: INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	0	0	0	

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MATERIAL DESCRIPTION	PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL		TOTAL
1975		PROVIDER NAME			DESCRIPTION				PAID
1075 STATE C									
MATERIAL	3404937	EDGECOMBE NASH	21	49	DUPLICATE OF CLAIM-SYSTEM				
STATE OF PROCESSES AND STATE OF PROCESSES		MNTL HLTH C							
STATE OF PROCESSES AND STATE OF PROCESSES			1						
STATE OF PROCESSES AND STATE OF PROCESSES			8599	23	DETAIL NOT COVERED BY COMBINAT	0	0.1	1710	1627
SERVIT PROCESS. STREET PROCESS. SERVICE						0	91	1/18	102
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CALLY CONTRIVEN BY 10 11 12 14 14 14 14 14 14									
NAMES NAME			8536	6					
100 101									
AND COMPANY AND CONTRACT AND C					VALID FOR SUBMITTED BILLING PR				
AND COMPANY AND CONTRACT AND C	3404939	MELICE MENEAT HE	11	121	CLIENT NOT ELIGIBLE ON SERVICE				
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START CONTINUES OF TAXABLE PR									
START CONTINUES OF TAXABLE PR									
1			8536	33		0	217	1142	92
100 100									
10 10 10 10 10 10 10 10					VALID FOR SUBMITTED BILLING PR				
10 13 OFFICE OF CLAPS OF			21	30	DUPLICATE OF CLAIM-SYSTEM				
AS CONTER 1559 1154									
AS CONTER 1559 1154									
AS CONTER 1559 1154									
1599 1154 RETAIL NOT COVERED BY COMBINAT 2 19720 7970	3404941		21	4640	DUPLICATE OF CLAIM-SYSTEM				
100 OF SECTION, PROVISION AND		AS CENTER							
100 OF SECTION, PROVISION AND									
100 OF SECTION, PROVISION AND			8599	1194	DETAIL NOT COVERED BY COMBINAT	^	2020	2020	
			1			2	7970	7970	
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A/131 CANNOTE CINCHANT 13									
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10 13 14 15 15 15 15 15 15 15									
10 43 OLANGOIS OR BERVICE INVALID F 6 278 2301					BENEFIT SERVICES ON OR AFTER D				
10 43 OLANGOIS OR BERVICE INVALID F 6 278 2301	3404942		21	182	DUDITCATE OF CLAIM-SYSTEM				
10 43 DIAGNOSIS OR SERVICE INVALID F 6 278 2303	3101312			101	DOLLAGINE OF CENTRAL OFFICE				
OR CLIENT MOR, VERIFY CID, ORACONORMO NOR CONTROL OF THE CONTROL		UMAN SERVIC							
OR CLIENT MOR, VERIFY CID, ORACONORMO NOR CONTROL OF THE CONTROL									
DIAGNOSIS, PROCESURE CORE FOR 1 1 19 CLIENT NOT ELIGIBLE ON SERVICE SATE CATE CA			10	43		6	278	2301	202
1 1 1 1 1 1 1 1 1 1									
DATE					DIAGNOSIS, PROCEDURE CODE FOR				
DATE			11	1.0	CITEME MOR PITCIBLE ON CEDUTOR				
ALREMARIE MENTA 8399 798 GETAIL NOT COVERED BY COMBINAT L MEALTH CE			11	1.5					
L HEALTH CE									
L HEALTH CE									
L HEALTH CE SON OF RECIPIENT, PROVIDER AND	3404943	ALBEMARLE MENTA	8599	798					
79 84 THIS SERVICE IS NOT PAYABLE TO 68 1058 2932 YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN 8931 47 AMINC INELIGIBLE TO RECEIVE SE NYICES IN IPRS. 8404944 EASTPOINTE HIMMA 21 1890 DUPLICATE OF CLAIM-SYSTEM N SERVICES 8534 317 SERVICE FACILITY LOCATION IS N 6 2791 6306 OT A VALID FARS ATTENDING PROVIDER, TYPE AND SPECIALTY IN F 179 162 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN 3404946 POOTHILLS AREAM 21 580 DUPLICATE OF CLAIM-SYSTEM 111 428 CLIENT NOT ELIGIBLE ON SERVICE 12 1493 8881 DATE 179 377 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN 111 428 CLIENT NOT ELIGIBLE ON SERVICE 12 1493 8881 DATE									
YOUR SUBMITTED BILLING					BENEFIT PACKAGE.				
YOUR SUBMITTED BILLING			7.0	2.4					
			79	84		68	1058	2932	187
1									-
NYICES IN IPRS. NYICES IN IPRS. DUPLICATE OF CLAIM-SYSTEM N SERVICES N SERVICES S534 317 SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, PLEASE VERIFY THE F 79 162 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING DOTHILLS AREAM 21 580 DUPLICATE OF CLAIM-SYSTEM 11 428 CLIENT NOT ELIGIBLE ON SERVICE 12 1493 8881 DATE				 	<u> </u>				
3404944 EASTFOINTE HUMA 21 1890 DUPLICATE OF CLAIM-SYSTEM			8931	47	AMTNC INELIGIBLE TO RECEIVE SE				
N SERVICES N SERVICES S534 S17 SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING PROVIDER. PLEASE VERITY THE F 79 162 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN S404946 FOOTHILLS AREAM 21 S80 DUPLICATE OF CLAIM-SYSTEM IT 428 CLIENT NOT ELIGIBLE ON SERVICE 12 1493 8881 DATE 79 377 THIS SERVICE IS NOT PAYABLE TO LOCATION OF CLAIM-SYSTEM 11 A28 CLIENT NOT ELIGIBLE ON SERVICE 12 1493 8881					RVICES IN IPRS.				
N SERVICES N SERVICES S534 S17 SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING PROVIDER. PLEASE VERITY THE F 79 162 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN S404946 FOOTHILLS AREAM 21 S80 DUPLICATE OF CLAIM-SYSTEM IT 428 CLIENT NOT ELIGIBLE ON SERVICE 12 1493 8881 DATE 79 377 THIS SERVICE IS NOT PAYABLE TO LOCATION OF CLAIM-SYSTEM 11 A28 CLIENT NOT ELIGIBLE ON SERVICE 12 1493 8881									
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OT A VALID IPES ATTENDING PROVIDER. PLEASE VERIFY THE F 79 162 THIS SERVICE IS NOT FAVABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN 3404946 POOTHILLS AREAM 21 580 DUPLICATE OF CLAIM-SYSTEM ENTAL HEALT 11 428 CLIENT NOT ELIGIBLE ON SERVICE 12 1493 8881 DATE 79 377 THIS SERVICE IS NOT PAVABLE TO YOUR SUBMITTED BILLING		M SERVICES			+				
OT A VALID IPES ATTENDING PROVIDER. PLEASE VERIFY THE F 79 162 THIS SERVICE IS NOT FAVABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN 3404946 POOTHILLS AREAM 21 580 DUPLICATE OF CLAIM-SYSTEM ENTAL HEALT 11 428 CLIENT NOT ELIGIBLE ON SERVICE 12 1493 8881 DATE 79 377 THIS SERVICE IS NOT PAVABLE TO YOUR SUBMITTED BILLING				 	<u> </u>				
OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F 79 162 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN SA04946 POOTHILIS AREAM 21 580 DUPLICATE OF CLAIM-SYSTEM ENTAL HEALT 11 428 CLIENT NOT ELIGIBLE ON SERVICE 12 1493 8881 DATE 79 377 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING 19 377 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING			8534	317		6	2791	6306	351
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PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8599	55	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	4	CLIENT NOT ELIGIBLE ON SERVICE	(61	1844	1783
				DATE				
		5404	1	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404979	NEW RIVER AREAM	11	516	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		21	342	DUPLICATE OF CLAIM-SYSTEM	11	986	5660	4674
		3746	56	RELATED CODES NOT ALLOWED SAME				
				DATE OF SERVICE.				